

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90437 019 \*\*\*150.00

**DOCUMENT # P00000098853**

1. Entity Name  
DREAMTEAM SOFTWARE, INC.



Principal Place of Business  
9851 STATE RD 54  
NEW PORT RICHEY, FL 34655

Mailing Address  
9851 STATE RD 54  
NEW PORT RICHEY, FL 34655

**14016082**



2. Principal Place of Business  
**12508 STAGECOACH LN.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12508 STAGECOACH LN.**  
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State  
**BAYONET POINT, FL**

City & State  
**BAYONET POINT, FL**

4. FEI Number  
**59-3700597**  
Applied For  
Not Applicable

Zip - Country  
**34667 USA**

Zip - Country  
**34667 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAZSI, JEREMIAH J  
12508 STAGECOACH LN  
BAYONET POINT, FL 34667

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeremiah J. Gazi* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GAZSI, JEREMIAH  
12508 STAGECOACH LN  
BAYONET POINT, FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/04 727-534-4850**